V. S. No. 1

ery item of infor-	INS should state	ent of OCCUPA-	
INT REC. D. Ev	LY. PHYSICIA	d. Exact statem	
IS A PERMANE	stated EXACT	properly classifie	ertificate.
BWRITE PLAN. Y, WITH UNFADING INK-THIS IS A PERMANENT RECE. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
BWRITE PLAKY,	mation should be car	CAUSE OF DEATH	TION is very import

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(137)
County Milonues	A Registration Dist/No. 333
Village or City Soles being U	No. J. J. Josephile St., 13 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
14 /0 /0 /	ds. How long in U.S. if of foreign birth?
2. FULL NAME // Juny Coo	19x-
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the word)	21. DATE OF DEATH Taky 7 193.6
5a. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND of Travers about	22. I HEREBY CERTIFY, That I attended deceased from
Unikuron 1871	19 33 , 10 7 6 2 , 19 3 6
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h
1 day,hrs.	to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	were as follows: Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	J. C.
9 Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
Chlanda	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	My maj huit property
13 NAME astern abfall	
E Price I	Inobele al
4. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Character Was there an autopsy?
15. MAIDEN NAME rouse lebet	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME NOVEL (Block) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
E (State or country)	Where did injury occur?
17. INFORMANT Charles defeated	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Moya Me Date Jely 5, 1936	Nature of Injury
19. UNDERTAKER AND STATE STATE OF THE STATE	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Hel. 3, 1936 Dr. May Turner Registrar.	(Signed) M. D. (Address) Salar Caref
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUR SU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1	item	sho	of (
	Every	CIANS	ement	
	RD.	YSI	stat	
1	RECOI	. PH	Exact	
MARGIN RESERVED FOR BINDING	I UNFADING INK-THIS IS A PERMANENT RECORD. Every item of info	supplied. AGE should be stated ENACTLY. PHYSICIANS should sta	classified.	
BI	PEF	A	N.	
FOR	IS A	stated	proper	
Q	HIS	be	pe	-
SERVE	NK-TI	plnods	n terms, so that it may be properly	
RES	I D	AGE	that	
Z	DIV	ř	so,	
MARG	UNFA	upplied	terms	
2	-	32	=	

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	STATE (OF MARYLAND-	CERTIFICATE OF DEATH 2174
1. PLAC	E OF DEATH		210-9
County	Wiconuco		Registration Dist. No.
Village	or City Panins	la General H	To explicate Salestrum Many and Wife death recurred at a horpital or institution, and is NAME instead of street and number)
Length'	of residence in city or town where	death occurredyrs,mo	s ds. How long In U. S. if of foreign birth?
2. FULL	NAME Home	d adhiio	
(a) Re	esidence: No.	soushing m	edst., Ward.
		(Usual place of abode)	If nonresident give city or town and State
		TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
mal	e a.a.	Mr. Wydawer	(Month) (Day) (Year)
HUSBAND	widowed, or divorced	·	22. I HEREBY CERT FY, That I atlended deceased for
(or) WIFE	of austine	Colpens	71.6 ,1936 to 71.6
6 DATE OF PI	IRTH (month, day, and year)	want 1868	I last saw here alive on 2/16 , 1936; death is
7. AGE	Years Months	Deys If LESS than	to have occurred on the date stated above, at 222 m.
	49 -	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade,	profession, or particular	Co o	were as follows:
SA kin	d of work done, as SPINNER, WYER, BOOKKEEPER, etc.	Lalianer	Consching would of cheat
Clar WO	ry or business in which rk was done, as SILK MILL		(actionable assident)
	rk was done, as SILK MILL, W MILL, BANK, etc. leceased last worked et	about	
O this	s occupation (month end	11. Total time (years) 3- spent in this occupation	
760	P	OC-apation -	Other Contributory Canses of importance:
	CE (city or town)	slung	-
	1 1 1	1 sora	
13. NAME	from acqu	and.	
	PLACE (city or town)	monally	Name of operation Date of Date of
1 (31	tate or country)	ma u	What test confirmed diegnosis Was thoro an autopsy?
15. MAIDE	N NAME / Delle Sh	olpley	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHI	PLACE (city or town)	sontiller	Accident, suicide, or homicide? Accident Date of injury 7.6., 193
(2)	ate er country)	and !	Where did injury occur? (Specify city or town, jounty and State)
17. INFORMANT LAWYER CLOCK (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Llaws Hall Ulm Date Fell 19, 1936		lopen ,	Specify whether injury occurred in INDUSTRY, in HOME, of in PUBLIC PLACE.
		med g ma	Manner et intere Austragabile assiduet
		Date Fell 19 19 3 C	mainter of mjury
11000.2	1 1/28/		Mutality of injury
19. UNDERTAK		at	24. Was disease or injury In any way related to occupation of deceased?
(Addres	L 16 21	protecting and	If so, specify Olympia Grands
20. FILED	El. 17, 1936.	X. May June	(Signed) Onlighter Med
	¥./*	Registrar.	(Mudiess)
	If more	e vianus are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No.

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To be complete, an occupation return must state:

· 8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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Example I -		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Created homography	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
V STATEV 8		38		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. Mo. 1

of OCCUPA.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 21	7.)
1. PLACE OF DEATH		(21)	
County Micamila	md.	Registration Dist. No.	333
			0
Village or City Addresses	4	No. 8 10 Un Marce St., f death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence In city or town where death		ds. How long in U.S. if of foreign birth?	
2. FULL NAME Yenretta	Brewengton	·	
	(Usual place of abode)	St., Ward. If nonresident give city or town and	1 State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Semale a. a.	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH TEUTEURY (Month) 25 (Day)	, 193 (Year)
Ma. If merried, widowed, or divorced HUSBAND of (or) WIFE of Strong Bree	unghon	22. February 2 1936 to Fibruary	deceased from
& DATE OF BIRTH (month day and year)		last saw help Calive on February 1836	: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than		to have occurred on the date stated above, et. 6 a.m.	, death is said
57	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	ormin.	ware as follows:	Date of enset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	usework	Chrone lufustitue	lage
1D. Data deceased last worked at this occupation (month and year)	11. Total tima (yaars) spant in this occupation	1.00/42-1.000	2
12. BIRTHPLACE (city or town) 2	ieu-	Other Contributory Causes of Importance:	-
	10	-	
13. NAME Wancel we	key		
13. NAME Wantel was	walken	Name of operation Date of	
(Stata or country)	md	What test confirmed diegnosis? Was thera an	autopsy?
15. MAIDEN NAME Sarah Ph	ilitis	23. If death was due to external causes (VIOL ENCE) fill in elso tha following	g:
5 16. BIRTHPLACE (city or town) Rucha	welki.	Accident, sulcide, or homicide? Date of injury	
(State or country)	1	Where did Injury occur?	
17. INFORMANT MAN MANY Pur (Address)	mell	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ruchemellan Com. Da	4	Manner of Injury	
19. UNDERTAKER Jas - F Steere	I ma	24. Wes disease or Injury in any way related to occupation of deceased?	

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Registrar.

(Signed)

(Address)

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR FURTHE	STATEMENTS	BY	PHYSICIAN
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BINDING	PERMANENT EXACTLY
FOR	IS A stated
KARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
KARGI	UNFA]
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	E PLAINLY,
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of OCCUPA.

statement

Exact

CAUSE OF DEATH in plain terms, so that it may be properly classified.

V. S. No. 1

STATE OF	MARYLAND	-CERTIFICATE	OF	DEATH	217
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1. PLACE OF DEATH	92-a × 220
County Sugney	Regionation Dist. No. 333
Village or City W. Salislassy	No. Ollar City Road Cylst, 5 Ward
Langth of residence in city or town where deeth occurred 7 yrs V	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. How long in U.S. if of foreign birth?yrsmosds,
C. O	. 1.1
2. FULL NAME (). Jerone Truy	U. S. Veteran, specify WAR
(a) Residence: No. OCCA CUsua/place of abode)	St., S Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH JULY 70 1936 (Yeer)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of Eva L. Brown	1 HEREBY CERTIFY. Det I ettended deceased from
m. 1/100/	11/ot com b 400 alive on 1900 10 10 10 10 10 10 10 10 10 10 10 10 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	1) Jest saw h
1. AGE 1885 Months Days 11 CESS than	The PRINCIPAL CAUSE OF DEATH end related causas of Importance
VI // ormin.	ware as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, BELLIES SAWYER, BOOKKEEPER, etc Lewis funer	1 Steen 1935
Industry or business In which	
work was dona, as SILK MILL, SAW MILL, BANK, atc	
10. Data daceasad last worked at this occupetion (month and /430 spent in this, / 1/4	//
yaar)	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	- College Selevoses 1930
13. NAME Alliand Alexand	
14. BIRTHPLACE (city or town) Klauland	Neme of operation
	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME JANE TRACK BLOWN 16. BIRTHPLACE (city or town)	23. If death was due to axtarnal causas (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
C1 (100 - 01 /2) (2)	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place tukny Cenekuy falledosto 7/22/36,19	Natura of injury
The Will a Orland Co	24. Was disease or injury in any way ralated to occupation of decaased?
19. UNDERTAKER ALLA MALLA O. (Addrass) Salinhaud M.	If so, specify \(\sigma \)
20 suco Fel. 22,036 & May Tenne	(Signed) Theology M.D.
20. FILED V W. 4,19 D & Willy Jume Registrar.	(Addrass) Sales frey led
If more blanks are needed, address State Registr	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 week ago
3 days ago

ortance:

1 year

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

AD. Every item of infor-

Exact statement of OCCUPA-

STATE	OF	MADVI	AND_CEPTIFICATE OF DE	ATH 9 5
SIAIL	UF	MARYL	AND-CERTIFICATE OF DE	AIH 31/

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Wiczarucco	Registration Dist. No. 333
Village or City Scales Source	No. Jen Slew Rospitals 13 Ward
(If	death occurred in a hospital or institution, give he NAME instead of street and number)
Langth of residence in city or town where death scurredyrsmos	3_ds. How long in U.S. If of foreign birth?
2. FULL NAME Bucco anguna	Wich If U. S. Veteran, specify WAR 23X-
(a) Residence: No. (Usual place of abode)	St., Ward. Hudlehell, Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH J. 71
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22 1 HEREBY CERTIFY, That I attanged deceased from
march -819.24	3 N 19 6 , to J M 19 19 19 19 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than	I last saw h
7. AGE Years Months Deys If LESS than 1 dey,hrs.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	1/2 1 1 1 1/0 1 1936
9. Industry or husiness in which	
SAW MILL BANK atc	
10. Date deceased lest worked at this occupation (month and spent in this	
year) occupation	Other-Contributory Causes of importence:
12. BIRTHPLACE (city or town) Angles	1 1936
(State or country)	Miles Magnet alles
13. NAME Edward Prillingham 14. BIRTHPLACE (city or town)	- Combal Jums
[14. BIRTHPLACE (city or town)	Name of operation Date of
	What tast confirmed diegnosis? Was there an autopsy?
H. Wallette	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) X MACHELLAND (Stete or country)	Accident, suicide, or homlcide?
lilad a Collins	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT A GARDY TUCKS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place oolspring, My Date Fel. 22,1936	Nature of Injury
19. UNDERTAKER Of Chinesi Chians	24. Was disaase or injury in any way related to occupation of deceasad?
(Addrass) Savow High, Mg	If so, spacify
20. FILED Tak: 21, 1936 W. May Sumer. Registrar.	(Signad) M.D. (Address) Cally. D.J.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	13	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUFFAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH plnods County // item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foraign birth? ... Langth of rasidence in city or town where death occurred. If U. S. Veteran, specify WAR, (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years W Devs If LESS then to have occurred on the data stated above, at. 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.___ Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back may 10. Date daceased last worked at 11. Total tima (yaars) 9 on this occupation (month and spent in this that occupation_ instructions 12. BIRTHPLACE (city or town) (State or country) supplied FATHER See Name of oparation. 14. BIRTHPLACE (city or Town (Stata or country) carefully What test confirmed diagnosis?_ OTHER very important. 16. BIRTHPLACE (city or town) (State or country Whare did injury occur? ___. be plnous 17. INFORMANTE OF (Address) 18. BURIAL CREMATION OR Menner of Injury CAUSE mation Nature of injury_ LION 24. Wes disease of injury in any 19. UNDERTAKER (Address) If so, specify

Date of enset 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicida, or homicide? Date of injury. (Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W. S. No. 1.

(Dev)

(Yeer)

That I attended deceased from

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 6 1936	July 5,1927	Peritonitis	3 days ago
9. 8. V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 10 700

	infor	stat	UPA		
M)	Jo	nld	CC		
	item	sho	of C		
	Every	MAIN	ement		
	Q.	YSI	stat		
	kasco.	. PH	Exact		
ID FOR BINDING	HIS IS A PERMANENT RECO.D. Every item of infor	be stated EXACTLY. PHYSICIANS should stat	be properly classified. Exact statement of OCCUPA		
BI	PE	回	·ly	ate.	
FOR	IS A	stated	proper	of certificate.	
A	HIS	be	be	Jo	

. . .

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Nicomics	Registration Dist. No. 337
Village or City Wetypur	NoSt., / Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME & Smandia, Buch	
Letotin . mel	St. Ward. X
(a) Residence: No. // (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note S. SINGLE, MARRIED, WIDOWED, OR DIVORGED (wrigh the word) Nilowed	21. DATE OF DEATH Feb. 2 / (Pear) (Month) (Pay) (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams such	22. I HEREBY CERTIFX That I attended deceased from 1933, to
6. DATE OF BIRTH (month, day, and year)	I last saw h.en alive on Fel 20 , 1976; death is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the date stated above, at
28 2 4 1 day,mirs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as tollows:
8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which	The Valenter than Snew when
work was done, as SILK MILL, or while SAW MILL BANK etc.	
10. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Netyphysis	Other Contributory Causes of importance:
(State or country)	Que Paronelles /13/3
13. NAME Sessie 19 ambury 14. BIRTHPLACE (city or town) Wellipynin	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sleaner Francis	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Slaupy Francis 16. BIRTHPLACE (city or town) NeltyPlace (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Aichard Mexick (Address) Salishum Mil	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Network and Date Feb. 23, 1936	Manner of Injury
19. UNDERTAKER MASC Spresses Lugio	24. Was disease or Injury In any way related to occupation of decased?
20. FILED FM 22, 1936 To Woolford Wally Registrar.	(Signed) M.D. (Address) Asiabay M.D.

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I T		Example II	
The principal cause of death and related causes of importance were as follows: MAR 5 1936 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	Luy5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIE	ICATE	OF	DEAT	H
SIMIL		MULIVIE	.AIVD	CLIVIII	ICAIL			4 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH	U
County Thicomics	Registration Dist. No. 33	3
Village or City Squetland	No. St.	6 Ward
	f death occurred in a horpital or institution, give its NAME instead of street and nuseds. How long In U.S. if of foreign birth?mos.	
2. FULL NAME Margaret Lee of	appiell	
(a) Residence: No. Usual place of abode)	9. St., Ward. If nonresident give city or town and St	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Limale Litatowed	21. DATE OF DEATH (Month) (Day)	193 6
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of The state of the stat	1 HEREBY CERTIFY, Thet I attended de	
6. DATE OF BIRTH (month, day, and year) Juga. 20 1859		death is seid
7. AGE Yeers Months Days If LESS than	to have occurred on the dete steted above, et 12 30 m.	death is seid
76 5 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence	Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, Louiseurife.	Ante Valr Non.	1936
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.		
SAW MILL, BANK, etc 10. Date deceesed lest worked at this occupation (month and 9-32 spent in this yeer) yeer)		
12. BIRTHPLACE (city or town) Burnsville	Other Contributory Causes of Importence: Atherta Deforman	1934
(Stete or country) Maryland	arlerio - Polerand	1935
13. NAME / denry Shawley 14. BIRTHPLACE (city or town) / Heat Co		
4 14. BIRTHPLACE (city or town) / Bent Col	Name of operation Dete of	
Net all but	What test confirmed diagnosis? Wes there an eut	opsy?
	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT Mrs. R. C. Phanesdell (Address) Denton, maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Place Aristland Com. Date Pete 8 19.36	Manner of injury	
19. UNDERTAKER The Hill of Johnson co.	Neture of injury	
20. FILED Feb 8, 1936 D. May Justine Registrer.	(Signed) Daney (Address) Palehry (M)	M, D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Arteriosclerosis MAR 6 1336	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago	
The second secon				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
2.4	

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	218
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1. PLACE OF DEATH	(51-6)
County Miconisco	Registration Dist. No. 33/
Village or City Quanties	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and numbar)
Length of residence in city or town where death occurred	mosds. How iong in U. S. if of foreign birth?yrsmos
2. FULL NAME & Cher Sidney	Dorman
(a) Residence: No. Qualification (Usual place of about	7 d. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
A. COLOR OR RACE S. SINGLE, MARRIED, OR DIVORCED (write and a second sec	windowed. 21. DATE OF DEATH Lowery 18 (Month) (Day) (Year)
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Methie Jaylor	22. I HEREBY CERTIFY. That I attended decaased fr
DATE OF BIRTH (month, day, and year)	876 liast saw h La alive on Jel- 16, 1936; daath is s
	to have occurred on the data stated above, at
39 /0 or.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER,	163
A Industry or business in which	carenny bristate 190
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data daceasad last worked at this occupation (month and spent in the	
yaar) occupation	
2. BIRTHPLACE (city or town)	
(Stata or country)	
13. NAME Thomas Domain 14. BIRTHPLACE (city or town) Transfects	
14. BIRTHPLACE (city or town) Sessition	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Allul dedish	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Tuandia	Accident, suicide, or homicide? Data of injury
(Stata or country)	Where did injury occur? (Specify city or town county and State)
7. INFORMANT This flow S. Dornille (Address)	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lusutio Date Les 20	7,, 1936 Nature of injury
9. UNDERTAKER MASS Topics of Source (Addiess)	24. Was diseasa or injury in any way related to occupation of deceased?
O. FILED Jet 31 , 1936 Mrs & m (1)	allal (Signed)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	- Service assumed		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	5 BY	PHYSICIAN
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Exact statement of OCCUPA.

EXACTLY. IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING stated Y, WITH UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

See instructions on back of certificate.

FION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Alexania	Registration Dist. No. 336
Village or City_ LOe I may	No. St. Ward
(lf	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
0. 0	
(a) Residence: No State St. Selmin	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) And a	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Archelous Elliott	22. HEREBY CERTIFY. That I attended deceased from 1934, to 224.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw heave alive on The 13, 126; death is seid to have occurred on the date stated above, at Colored m.
8 Trade profession or earliester	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL	
SAW MILL, BANK, etc	
TO DIDTURE OF CALL	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John Sordy	
13. NAME John Dordy 14. BIRTHPLACE (city or town)	Name of operation Date of
(SMale of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Salle Grillians 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT M. R. Eller H.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Tellman, Lll. 18. BURIAL, CREMATION, OR REMOVAL 1 sulman sul	Marca (1.)
Plece M. B. Cum. Date 2-16- 1976	Manner of injury
19. UNDERTAKER Still & Manyl	24. Was disease or injury in eny may related to occupation of deceased?
(Address) Olima Carl	Less specify 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
20. EITeller 14, 1936 Harry Endudson	(Signed) O. M. D.
Registrar.	(Address)

V. S. No. 1

-WRITE PLA

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	218.

1. PLACE OF DEATH	——— (131)
County Nicomico	Registration Dist. No. 333
Village or City Salishing Md.	No. 701. Say St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. of foreign birth?yrsmosds.
2. FULL NAME Cordelia /2, Evan	If U. S. Veterap specify WAR. NR - 07
(a) Residence: No. (Usual place of abode)	St., Ward. Famel Delaware. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (White Gord) S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (White Hord)	21. DATE OF DEATH Fig. 17 1936 (Month) (Day) (Year)
(or) WIFE of Quilous H. Evans	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan. 4. 1869	liast saw har alive on 1777 1936; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 13792m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Olevanie Reference C
SAWYER, BOOKKEEPER, etc.	Jugornaditio
SAW MILL, BANK, etc.	
SAW MILL, BANK, etc 10. Date deceased last worked at this occurrence that the county of the spent in this occupation occupation.	
12. BIRTHPLACE (city or town Hear Delman	Other Contributory Causes ol Importance:
(State or country)	1 rome
13. NAME Millijs Warren Winga	6
13. NAME / Rellips // Arren // Inga 14. BIRTHPLACE (city or town) Rear Delmar (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
IS. MAIDEN NAME Referee Cording	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Refere a Condrey 16. BIRTHPLACE (city or town) rear Plelmay (State or country)	Accident, suicide, or homicide?
17. INFORMANT Cilous H. Evans	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Tourne Welson 18. BURIAL, CREMATION, OR REMOVAL	
Place Parana am Date Fet. 19:1936	Manner of injury
19. UNDERTAKER Holloway & C., (Address) Salahan Maria	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Feb. 19, 19 36 Dr. May June	(Signed) Clean M. D.
Registrar. If more blanks are needed, address State Revistrar.	(Address) All Market Baltimore Requesting T) S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	li	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUSEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			- Warrier I	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
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state OCCUPA of should Jo PHYSICIANS statement Exact PERMANENT CTL classified. 4 EX properly stated THIS be be should may that plain carefully DEATH pe plnous OF WRITE

1. PLACE OF DEAT County_ Registration Dist. No. Village or City (If death occurred in a hospital or stitution, give its NAME instead of street and number) How long In Als. if of foreign birth? ______yrs. _____mos._____ds. ____ds. A Veterap, specify WAR (a) Residence: Nos (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH COLOR 5. SINGLE, MARRIED, WIDOWED. OLDIVORCED (write the word) Ldow (Month) (Day) 5a. If married, widowed, or fivorced 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at se 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset 8. Trade, profession, or particular ATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Jo back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased ast worked 11. Total time (years) uo spent in this occupation . instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or tow (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State of country) What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. very (Address) 3 18. BURIAL, CREMATION, OR REMOVAD Manuer of Injury AUSE mation NOLL Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) _. If more blanks are noteded, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

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	Jo 1	pluc	000
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOLD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	ery	NS	ent
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mation should be B.—WRITE PLAIN

V. S. No. 1

STATE OF	MARYL	AND	CERTIFICATE	OF	DEATH	2
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	1. PLACE OF DEATH	126-0		
	County Wiconico.	Registration Dist. No. 333		
	Village or City Salustrus, Jessy Less Lo	death occurred in a hospital or institution, give its NAME instead of street and number)		
		t death occurred in a notification institution, give its INAIVIC instead of street and number)		
- 3	2. FULL NAME Chiabeth S. Haywa	rdIf U. S. Veteran, specify WAR		
	(a) Residence: No. Pewarls M. C. C. C. (Usual place of abode)	Ward. 23 X -		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH— Qr. 20 - 1936 (Month) (Day) (Yaar)		
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That f attended deceased from		
	parmet & someward	+ 2 2 - 12 10 10 + 2 2 - 2 - 1936		
ate.	6. DATE OF BIRTH (month, day, and year) March 29, 18 61 7. AGE Years Months Oays If LESS than	f last saw h are alive on		
certificate	1 day hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance		
ert	17 10 21 ormin.	were as follows:		
Jo	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	There are, promise of the		
	1 9. Industry or business in which	- frame		
back	SAW MILL, BANK, etc. Nousewell.			
no s	SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) occupation			
instructions on	12. BIRTHPLACE (city or town) Delaware. (State or country)	Other Contributory Causes of Importance:		
str	I 13. NAME William B. Harris			
	E	2/3/36		
See	[14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Character Was there an autopsy?		
ئب	15. MAIDEN NAME Sarah Legue.	23. If death wes due to external causas (VIOLENCE) fill in also the following:		
important		Accident, suicide, or homicide? Date of injury 2/13, 19 3 6		
por	16. BIRTHPLACE (city or town) (State or country)	Where did injury occurshe her lines feel.		
very im	17. INFORMANT Mrs. Mary Surach (Address)	(Specify city or fown, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
	18, BURIAL, CREMATION, OR REMOVAL	Manner of injury Italy in home		
20	Place Mulford Will. Data Dut. 23, 19 34			
LION	19. UNDERTAKER Du. Burbage	24. Wes disaasa or injury In any way related to occupation of deceased? Los		
H	(Addrass) Berline high	If so, specify		
1	20. FILED Jel. 20, 19 36 J. May June	(Signad) M. D.		
.)	Registrar.	(Address) Shirthy that		
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN

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1. PLACE OF DE

state 1000 item of pinous Jo Every PHYSICIANS statement Exact CTL classified. H THIS may should that plain carefully DEATH should be OF WRITE mation CAUS B.

Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. il ol loreign birth?... 2. FULL NAME If U. S. Veteran specifor (a) Residence (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. BEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH DYORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. Thet I attended deceesed from 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE If LESS than Yeers Months to heve occurred on the date stated above. 1 day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: 8. Trede, profession, or perticular TION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. back UPA 9. Industry or business in which work wes done, es SILK MILL, 11. Total time (yeers) aced asf on spent in this occupation instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTH ACE (city or town) (State or country) What fest confirmed diagnosis? OTHER important. 23. If deeth was due to externel ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury____ 16. BIRTHPLACE (city or fown (State or country) Where did Injury occur? ____ Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMAN very (Address) 18. BURIAL CREMATION, OF REMOVAL Manner of Injury LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased If so, specify (Signed). 20. FILED. Registrar. (Address)_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Bate of oaset (Specify city or town, county and State)

(Day)

(Year)

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chranic interstitial nephritis	1921	Run aver by street ear	1 week ago
Cerebral hemarrhage	July 5,1927	Peritanitis	3 days aga
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

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Example I	ł	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927.	Peritonitis	3 days ago
E diny	0)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

-WRITE PLAINLY,

V. S. No. 1

AD. Every item of infor-

Exact statement of OCCLIPA-

STATE	OF	MARYLAND-C	ERTIFI	CATE	OF	DEATH	218

	1. PLACE OF DEATH	WB X			
	County / Villy Co	Registration Dist. No. 33			
	Village or City Late Helen	No Salutary Md. 18D. #2 St., Ward			
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?			
	2. FILL NAME Rosa Lu Hollowa				
	010 4 9 1 1 9	If U. S. Veteran, specify WAR			
	(a) Residence: No II W III d. (Usual place of abode)	St., Ward. Tf nonresident give city or town and State			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Feet 154 (Month) (Day) (Yaar)			
6	15a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Elizah Holloway	22. I HEREBY CERTIFY, That I attended deceased from			
te.	6. DATE OF BIRTH smooth, day, and year) July 12. 1864	I last saw h_ W alive on _ fillen an _ 14 19 3 & ; deeth is said			
certificate	7. AGE Years Months Oays If LESS than 1 day	to have occurred on the date stated above, at Q			
erti	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:			
of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Care you a of Spry and			
back	9. Industry or business in which work was done, as SILK MILL.				
on	SAW MILL, BANK, etc 10. Date deceased list worker at this occupation (more and 933 spent in this occupation occupation				
instructions	12. BIRTHPLACE (city or town) Archwalfer-	Other Coutributory Causes of importenca:			
tru	(State or country)				
ins	13. NAME / Illiam Winder Hearn				
See	14. BIRTHPLACE (city or town) Saleshy Mg	Name of operation			
Ť.	15. MAIDEN NAME Clinia Law Tenking	23. If deeth was due to external causes (VIOLENCE) fill in also the following:			
important	15. MAIDEN NAME 16. BIRTHPLACE (city or own) (State or country) 16. BIRTHPLACE (city or own) (State or country)	Accident, suicide, or homicide? Date of Injury19			
por	State or country)	Where did Injury occur?			
very im	17. INFORMAN Me. Jama a. Backy (Address) P.D. #2 Saling may	(Specify city or lown, county and State) Specify whathar injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.			
	18. BURIAL, CREMATION OR REMOVAD	Manner of injury			
SIN	Place Jesses leng- pate 11. 1, 1934	Nature of injury			
TION	19. UNDERTAKER Hyllgurgy & Co.	24. Was disease or injury in any way related to occupation of deceased?			
T	(Address) Saluff Ma -	If so, specify			
1	20. FILEO SIN 7 1934 May M Wallace Registrar.	(Signed) Weller Out Well M. D. (Address) Hellow - Th. J.:			
~	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	S 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

V. S. No.

of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Niconico	Registration Dist. No. 33/
Village or City Alfron	ND. St., Ward
///	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Sahus II Garnshy	
(a) Residence: No. (Usual place of abode)	St., Ward. ** If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Massiely	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cara Wallace	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Spil-5 186/	Hast saw have alive on Heb. 6 4, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.30m.
74 /1 2 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trada profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Chronic myoundites
3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years)	•
12. BIRTHPLACE (city or town) / farfestor Va.	Other Contributory Causes of importance: Bureclick's
(State or country)	asserva
14. BIRTHPLACE (city or town) Jaroletto	
14. BIRTHPLACE (city or town) / Latelettos	Name af operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME 6 lizabelle Pratford	23. If death was due to external causes (VIOLENCE) fill In also tha following:
15. MAIDEN NAME Elystell Brafford 16. BIRTHPLACE (city or town) (State or country) Tarkerto Va.	Accident, suicide, or homicide?
17. INFORMANT James Thomas Ind.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Machapungul Var. Feb. 15, 1936	Manner of Injury
19. UNDERTAKER MISSIER Blows (Address) February Md	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jet 9 , 1936 mrs J. M. Wallac, Registrar.	(Signed) William Esquell M.D. (Address) Helson- M.J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2130
County Willmice	Registration Dist. No. 337
Village or City 7 maskin	No. St. War
Length of residence in city of town where death occurred lifers	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosd:
2. FULL NAME ON OF THESE	
(a) Residence: No. / (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swrite the word)	21. DATE OF DEATH (Month) (Day) (fear)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year)	I last saw heline alive on 196 25 1936 death is sai
J. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 1030pm.
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	Charle Strepto cocci upesia f 1/4/2 Sistemary Cladde upesia f 1/4/2 Grimory Conse: Prostatic enlargement Lenigna with retention and infection. Curl 93. Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Mucroscopul Was there an autopsy? Co.
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Suglestante M. Date February 1930	Manner of injury
19 UNDERTAKER Whis lift essies & Some	24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis MAAD 5 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage & AU V. S.	July 5, 1927	Peritonitis	3 days ago	
	-1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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2

	STATE (OF MARY	LAND-	CERTIFICATE OF DEATH	()
1. PLACE OF			Dr. D	neren Ins	
County	Comilo			Registration Dist. No.	333
Village or Cit	Salish	y md	(I)	No. M.D. ## 2 St., death occurred in a hospital or institution, give its NAME instead of street and	9 Wa
Length of reside	enca in city or town whare	daath occurred	yrsmos		
2. FULL NAM	E Willik	m Ihr	ma	Maisard. S. Veteran, specify WAR	
(a) Residence	No KO #	2		St., 9 Ward, Salishy Md.	X
(4) 11001201100		(Usual place of	abode)	If nonresident give city or lown at	nd State
PERSONA	L AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Male 1	4. COLOR OR RACE	5. SINGLE, MARRIE OR DIVORCED (write the word)	21. DATE OF DEATH Feel. 2 ml	, 193 6
5a. If marriad, widowed	l, or divorcad	1 sin	y a	(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of		1		22. THEREBY CERTIFY, That I attende	d deceased fro
		1 95	160	1936, to tel	19.31
6. DATE OF BIRTH (m		C + 0 -	1735	I last saw had alive on 125 1936	; death is sa
7. AGE Years	Months	Days	If LESS than 1 day, hrs.	to have occurred on the date stated abova, at 1, 459m.	
- 0			ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	D. Ola
8. Trada, professi	on, or particular rk dona, as SPtNNER,			Ph	ATR
SAWYER, B	OOKKEEPER, atc	17100		Omenmina-	
9. Industry or bu	lone, as SILK MILL, BANK, etc	of has		Lobor preumones.	
10. Data deceased	last worked et	11. Total time	(vears)	Quis R	
this occupa	tion (month end	spent i	n this		
	1.1:	/		Other Contributory Causes of importance:	
12. BIRTHPLACE (city (Stata or countr		7 man	1-1		
1	10 11	18:00			
Ξ	no no	· lail			
14. BIRTHPLACE (9 40.	/	Neme of operation Date of	
1	1011	10 74	- 671	What test confirmed diagnosis? Was thera ar	autopsy?
I IS. MAIDEN NAMI	Langue	ee /ga	eray	23. If death was due to external causes (VIOL ENCE) fill in also the followi	
15. MAIDEN NAMI		notion		Accident, suicide, or homicide? Date of injury	, 19
(State or c	ounity)	o ma		Where did injury occur? (Specify city or town, county and St	
17. INFORMANT (Address)	Cand /Ca	Tality	md.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATIO	N, OR REMOVAL	5660	11 11	Menner ol Injury	
Place Cons	me len.	Date	1936	Natura of injury	
19. UNDERTAKER	tellowas	06		24. Was disease or injury in any way ralated to occupation of deceased?	
(Address)	ality 1	ma.		If so, spacify	
tol-	4.1910	G. May	June	(Signed) A 63-Bunnes	M
20. FILED		or order	Registrar.	(Address) Dallaluan U	ed
	If more	blanks are needed, addr	ess State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	BY	PHYSICIAN
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1 week ago
3 days ago

portance:
1 year

STATE OF	MARYLAND—CERTIFICATE	OF DEATH 219
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1. PLACE OF DEATH		92-20	<i>y</i>	200
County Thismies			Registration Dist. N	D. 333
Village or City Salishury		No. 1/06 21. 7	nun	St., 9 Ward
Length of residence in city or town where death occurred.		death occurred in a hospital or institution. ds. How long in U.S. if of		
20. 10 12		us. How long in 0.5. ii of i	oreign untiltaaaaaaay)SRIOSus.
2. FULL NAME X LOSEL J. A.	eyeer	If U. S. Veteran, s	pecify WAR	45
(a) Residence: No. (Usual place of	(shade)	St., Ward.	If nonresident give city	ornown and State
PERSONAL AND STATISTICAL PARTIC		MEDICAL CE	RTIFICATE OF	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARK		21. DATE OF DEATH	01	
Male Skill OR DIVORCED	(write the word)	1	(Month) (D	6 , 193 6
5a. If married, widowed or divorced	ue e		(Month) (D	Day) (Year)
HUSBAND OF Mellin of Manage	1)	22. A HEREBY	2/ 7.4	at I attended deceased from
1	1866	70-10	92. to T.	- 5/
6. DATE OF BIRTH (month, day, and year) Will.		I last sew h Malive on -	5 A	, 19; death is seld
7. AGE Yeers Months Days	If LESS than 1 day,hrs.	to have occurred on the date steted The PRINCIPAL CAUSE OF DEATH		nortance
69 6 4	ormin.	were as follows:	tona relector deades of im	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER.		2- /		
SAWYER, BOOKKEEPER, etc.	0111	Mitiens	M	
work was done, es SILK MILL Plackernell 1.	Heelwage	grunn -u	Mila	
O 10 Date deceased lest worked et 11. Total tip	ne (yeers)			
year) occu	tin this 50445	Other Contributory Causes of import		
12. BIRTHPLACE (city or town)		Other Commission's Causes of thipoth	ance.	
(State or country) / lugland				
13. NAME Milliam C. Keye	w			
13. NAME Milliam C. Mary		Neme of operation		Date of
(Stele of country)		Whet test confirmed diagnosis?		Was there en eutopsy?
15. MAIDEN NAME Margarit C. Te	rengly	23. If deeth was due to externel ceus	es (VIOLENCE) fill in elso	the following:
5 16. BIRTHPLACE (city or town)	0	Accident, suicide, or homicide?	Date of i	injury, 19
E (State or country)		Where did injury occur?	100	10
17. INFORMANT Mes. Lines J. Key	ser.	Specify whether injury occurred in	(Specify city or town, c INDUSTRY, in HOME, or	in PUBLIC PLACE,
(Address) Clestateurs m.J.1				
18. BURIAL, CREMATION, OR REMOVAL	7/3/2	Menner of injury		
Plece Cellulur, Date	7700,19	Nature of injury		
19. UNDERTAKER Halel IV. Usile	w,	24. Was diseese or injury in eny way	releted to occupation of	deceesed?
(Address) Christiation, ma		If so, specify	-/3	•
20. FILED Fel. 26 1036 & May	Jumes	(Signed)	June	M. D.
	Registrar.	(Address)	Kisten	usq
If more blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requ	uesting V. S. No. 1.	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1026	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Employee Commission Co			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones ·	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8

of OCCUPA.

STATE OF	MARYLAND-CERTIFICA	TE	OF	DEATH	19
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1. PLACE OF DEATH	- CERTIFICATE OF BEATING
County Micamico	Registration Dist. No.332
Village or City Hellords (out	Alf death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Morganett J. Le	wes If U.S. Veteran specify WAR. No.
(a) Residence: No. Wifflands (Outs (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED Curice the wor	
5a. If married, widowed, or divorced HUSRAM of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
William J. alwis	Jan 30 ,19 36, to 7 26 / ,1931
6. DATE OF BIRTH (month, day, and year) Oct. 19, 183	6 Itast saw h. LA alive on
7. AGE Years Months Days If LESS th	
79 3 22 ormin	I THE I KINCII AL CAOSE OF DEVILL AND LEIGHER CROSES OF HISPORTUNE
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chroni Valulas HEart Dues 1935.
J. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and spant in this occupation (month and spant in this spant in this	
this occupation (mont) and 48 spant in this year)	fex
Malland 1	Other Centributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME GOODS WILLIAM	
13. NAME Confu Wilklase 14. BIRTHPLACE (city or town)	Name of operation Date of
[State or country]	What test confirmed diagnosis?
15. MAIOEN NAME Julia. (Unknow	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Julia Unknow	Accident, suicide, or homicide? Date of Injury 19
(State or /coymiry)	Where did Injury occur?
17. INFORMANT MAL Med Davis (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Willows and	Manner of injury
Place Alla Hafel Date Jel 3 , 19	Nature of injury
19. UNDERTAKER M. Saska Pottor (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED FEb-3, 1936 Rillian Pit	lf so, specify Lagio (Signed) C. Q. Holland. M. D.
Lea Megistr	
If more blanks are needed, address State Reg	istrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	3500000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N

item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(34)
County Wilcomico	Registration Dist. No. 333
Village or City Salisbrury	No. Sabella St., 9 Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	s. ds. How long in U. S. if of foreign birth?mosds
2. FULL NAME ZWafter Hickory (a) Residence: No. Sulishtury (Usual place of abyde)	St., 9 Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (which the word)	21. DATE OF DEATH Feli (Month) (Day) (193)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / HEREBY CERTIEY. AND Vattended deceased from
6. DATE OF BIRTH (month, day, and year) June 12 190	last saw h. Legive on Just (0, 1936; death is said
7. AGE Years Months Deys If LÉSS than 1 dayhrs.	to have occurred on the date stated above, at.
34 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	antigon ; onch of the 19
Industry or business in which work was done, es SILK MILL, Privale Family SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	ause of onewiew Syphilico
yeer) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) (State or country)	- Control of the cont
13. NAME 14. BIRTHPLACE (city or town) 14. Contract Con	
(State of country)	Name of operation
15. MAIDEN NAME Jugue Wilson	23. If death was due to external causes (VIOL ENCE) file in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Signal Michaela (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place of geneticing all a Date Lab. 12, 19.7	Nature of injury
19. UNDERTAKER Mrs. College Co	24. Wes disease or injury In any way related to occupation of deceesed?
20. FILED Heb. 12, 1936 & May Turner Registrar.	(Signed) Primerum M. (Address) Sullisling has
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CERTIFICATE OF BEATH

CTATE OF HARM AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	il.	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage . MAR 6 1932	July 5,1927	Peritonitis	3 days ago
BUKEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2195
County Vicanus	Registration Dist. No. 333
Village or City Salish Mad	No. 9. Hospital St., St., St., Ward death accurred in a horpital or institution, give its NAME instead of street and number)
Langth of residanca in city or town where death occurredrsmos	
(a) Residence: No. Satisbury MA P. F. (Usus place of abode)	Z, St., Ward. 22 X - If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 721, 12, 1936	Hast Derca alistone setting 19 death is sal
7. AGE Years Months Days If LESS than 1 day hrs.	to have occurred on the data stated above, at Alask file. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still home
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc	
O 10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Salarday (State or country)	Other Contributory Causes of Importance:
	3447
13. NAME Curtum C. Paulco 14. BIRTHPLACE (city or town) Microsife, (Stete or country)	Neme of operation Oate of What test confirmed diagnosis? Charies (was there an autopsy?
15. MAIDEN NAME M. a. Scheeren	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Lung Island	Accidant, suicide, or homicide?
17. INFORMANT Longth & Parker (Address) Inline Parker	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL DIM. Oete Feb. 12, 1936	Manner of injury
19. UNOERTAKER athur C. Paglege. (Addrass) Salisbury, Ind.	24. Was disease or injury In any way related to occupation of deceased? If so, specify
20. FILED Feb. 12, 19 36 DF May Tunes Registrar.	(Signed) (Address) Salarlang with
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

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Example 1	andra [Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MINERU Y. D.			
	or magnitude		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-CERTIFICATE OF	DEATH

210

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Diconico.	Registration Dist. No. 333
Village or City Salishung	No. Penisula Greeal Hospitals, 13 Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME Quelie Lie Payre	If U. S. Veteran, specify WAR
(a) Residence: No. Allem Md (Usdal place of abode)	St., 7 Ward. 22 + - If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Public Control of Control o	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quea. 3cd. 1875	1 lest saw haire alive on 7 th
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the data stated above, atm.
(O) ⋅ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trade, profession, or particular kind of work dona, as SPINNER,	Week- alident - Central was fary
SAWYER, BDDKKEEPER, etc.	agained to
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and ///////////////////////////////////	0
200	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Onlinersung express
13. NAME the Rounds Payne	
14. BIRTHPLACE (city or town)	Name of operation of the superfacted Date of lag 23 3
(State or country)	What test confirmed diagnosis? Character Was there an autopsy?
15. MAIDEN NAME Elimates Nameral	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Clinyalet Namerolo 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident. Data of Injury 4 21, 1956
X (State or country)	Where did injury occur? Shirting Parison have Road (Specify city or town, county and State)
17. INFORMANT Called Clury of Princes, (Addrass) ale mod.	Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury with accielion
Place Place 1919	Nature of injury Causaled piles, tim popular acting lesones
19. UNDERTAKER I G. Hell K Harris 6. (Address) Salishus on A.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb 3, 1936 W. May Junes. Registrat.	(Signed) M. C. (Address) M. C. Address) M. C.
	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
WALL A	and the state of t			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

MARGIN RESERVED

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.		\$	
Special and the second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	4		

STATE C	OF	MARYL	AND-	CERTI	FICATE	OF	DEATH
---------	----	-------	------	-------	--------	----	-------

53 - 754

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
	- (log) × 3.3.3
County It scomes	Registration Dist. No.
Village or City Salisbury	No. St., (Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1//	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Cornelia St. Phil	lips
(a) Residence: No. 1514 M. Dioision (Usual place of abode)	St., Ward. / If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Pack 2/ 193 6
58. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor Wife of Hanson of Phillips	22. I HEREBY CERTIFY, That I attended deceased from
0 1 1 = 54	193 6, to 721 , 193 6
6. DATE OF BIRTH (month, day, and year) fully 6, 1807 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2 P.M. m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1	were as follows:
8. Trada, protassion, or particular kind of work dona, as SPINNER, Housewife SAWYER, BOOKKEEPER, atc.	21 0
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, atc	
10. Data daceasad last worked at this occupation (month and 1932 spant in this occupation corupation occupation)	
for the	Other Contributory Causes of importance:
(Stata or country) Masuland	Dewelit.
	- Jacobs Grand
	21-1-
4 14. BIRTHPLACE (city or town) Jones See Co. (State or country)	Name of oparation
15. MAIDEN NAME So sah Clinch to Pake	What test confirmed diagnosis?
I II. MAIDEN HAME Grand Chrabeth Parks	23. If death was dua to extarnal causas (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) - Lomeraut Co.	Accident, suicide, or homicide?
(Stata or country) Maryland	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT Illes, Elva H. addens (Address) Tebron, Maryland	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Marchella Larings Data Heb, 23, 1936	Nature of injury
19. UNDERTAKER The Hill of Johnson Co. (Address)	24. Was disaase or injury in any way related to occupation of decaased?
Hal 22 21 Minh	If so, spacify (Signed) Okany Falcer M.D.
20. FILED 25. 43, 1950' N. May Sunly Registrar.	(Address) Dalishary md
Kegistrar.	" (Noulcos)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	M	
1	2	

1. PLACE OF DEATH	97
County Originals	Registration Dist. No.
Village or City Salisting	No. Md. J.B. Janatheese Wa. (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. 2 ds. How long in U.S. If of foreign birth? yrs. mos.
2. FULL NAME Murtle Phi	Plist on . A.
(a) Residence: No. E. don Ml. Konte	# V St. / Ward.
(Usual place of abode)	(C. Md) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write that we have a second or divorce).	
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 0 I HEREBY CERTIFY. That I attended deceased fr
Q	July 13, 19.34, to 76. 2, 19.3
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Deys If LESS	than to heve occurred on the dete stated above, at 600 m.
20 5 27 I dey,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance
9 Trade profession or particular	Date of one
8. Trade, profession, or particular kind of work done, es SPINNER, 16 w.f. SAWYER, BOOKKEEPER, atc.	ulmary tutucular 193
. Industry or business in which work was dona, as SILK MILL,	The state of the s
SAW MILL, BANK, etc	
10. Dete deceased lest worked at this occupetion (month and year)	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME Charles Daniel	
13. NAME Charles Daniel 14. BIRTHPLACE (city or town) Deil Island (State or country)	Neme of operation Dete of
(Stete or country) Rawlan	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME alice forces	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
(Stata or country) Many Cand	Where did injury occur?
17. INFORMANT Accessed	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) Elin Well Herelott	2
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Data Data I	Netura of Injury
19. UNDERTAKER AUGUSTION	24. Was diseesa or Injury In eny wey related to occupetion at deceased?
(Address)	If so, specify
20 FILED Sel. 9, 19 96 D. May Jus	(Signed) Martis M
Regist	rar. (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

be

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1

1	infe	sta	UP
MY	of	plu	000
YX	item	sho) jo
	Every	CIANS	ement
•	TO.	IXI	stat
9	RECO	. PH	Exact
FOR BINDING	IS A PERMANENT RECORD. Every item of info	stated EXACTLY. PHYSICIANS should sta	properly classified. Exact statement of OCCUP.
FOR B	IS A PE	stated E	properly

re ite

STATE OF MADVI AND—CEPTIFICATE OF DEATH

1, PLACE OF DEATH	CERTIFICATE OF DEATH 2201
1/	Registration Dist No. 333
County Muonigo	Pro 1 Charles Ville 15
Village or City Salvabury Md.	No. It was a March 1990 No. 19
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clinated famile	If U. S. Veteran, specify WAR
(a) Residence: No. Mull Quisin	St., 9 Ward. X
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	
(or) WIFE of Living towell	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month day and year) MAN. 76. 1860	I last saw h W alive on Y 7/3 C 19 death is saint
5. DATE OF BIRTH (month, day, and year) / WW . / Q / / W O	to have occurred on the data stated above, at
n n 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade, profession, or particular	ware as follows: Our parameters of the paramete
SAWYER, BOOKKEEPER, etc.	freeze 193
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	Fracture of Conver due to assidental fall-
	Cell Lown stairs, Duration : see weeks Cuso
spant in this	
yaar) occupation	Othar Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (Stata or country)	Ŋ
	truet ferra acci- fan
13. NAME free Place (city or town)	destally fell down stains.
(State or country)	Nama of operation
	What test confirmed diagnosis? Was there an autopsy? Ly
ha a	23. If death was due to axternal causas (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Accident, Date of Injury and the age
16. BIRTHPLACE (city or town)	Where did injury occur?
Mila 60: 1 x/ Danson	(Specify city or town, county and State)
17. INFORMANT (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Oscidental Solls
Place tusas Cenelly talled 1 1936	Nature of injury
The Thill & Orlandon Co	24. Was diseasa or injury in any way related to occupation of decaasad? 24
19. UNDERTAKER SALIALULY, MACONING (Address) Salialuly, MACONING	If so, specify
on FUED Fel. 3 10 36 & May Turner	(Signed) Negrons M. D
20. FILED Selver, 19 00 De May Sumuer Registrar.	(Address) Sulislang In
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND	CERLIFICATE OF DEATH 3288
1. PLACE OF DEATH	98-0
County // Come to	Registration Dist. No.
Village or City Salishy Md	No. 102 June St. 3 Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,most	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JACKY. K. Powe	If U. S. Veteran, specify WAR
(a) Residence: No. / 02 / with	St., 5 Ward. Saluty Ma.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3,SEX 4. QOLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
DIVORGED (write the word)	Flet 5th 1936
Se If married widowed or divorced	(Month) (Dey) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Lattended deceesed from
10/a	100 1 1936, to 700 3 1936
6. DATE OF BIRTH (month, day, and year) March 3. 1862	I last saw h. Le alive on 200 4, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.3 0 m.
73 // 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Club Myrearolity 739
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
5AW MILL, BARN, etc 10. Oete decessed last worked at this occupation (manh end spent in this occupation (manh end spent in the spen	
this occupation (month end / 30 spent in this spent in the spent in th	
Printer alm	Other Centribatory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Samuel Powell	
14. BIRTHPLACE (city or town) Prince and annual Control of the Con	Name of operation Date of
(State or country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mary ann. Trechean	23-Li deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Actident, suicide, or homicide? Date of injury 19
State or country)	Where did injury occur?
Raluh). Powell	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT Quely st. Saluty	10
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place funcios um Date. Tet. 5/136	Nature of Injury
Helloway & G.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Jakoby M. C.	If so, specify
The 18 BG St Tring of	(Signed) M.D.
20. FILED 16 1966 . May sums	(Address) Bulisha Land
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis PAAR C 1999	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2203
1. PLACE OF DEATH	Ta)
County Wicomsey.	Registration Dist. No. 337
Village or City Tyaskin	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
2. FULL NAME Alla Formall	
(a) Residence: No. Lizaber Dd.	St. Ward. X
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Fell 3 (1936 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
1 DITTO ON PROPERTY (1944)	1956 to 13 1956 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
69 2 a lday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importenco
1 9 Trade profession or posticular	Browlind Porling Jalog
9. Industry or business In which	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Manticafel (State or country)	Other Contributary Carrier of Importance Jeles
- Hay	
E Man tinko	Name of a continu
(Stata or country)	Name of operation
15. MAIDEN NAME Sarah Lewis	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME Sarah Lewis 16. BIRTHPLACE (city or town) Manticope (Stela or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT Danish Tracking	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Fla. 10, 1956	Neture of Injury
19. UNDERTAKER MASS Sylvesick & Souls	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Bisafre md.	If so, specify
20. FILED W. 15 -, 1036 IS. Woolford Valter Registrar.	(Signed) M. D. (Address) Saladrary Law

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			122

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2204
1. PLACE OF DEATH	(3) ×
County Vilonico	Registration Dist. No. 333
Village or City Salisbury Md.	No PD # 2 St. 9 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME / Healer Callying	7 Veteran, specify WAR
(a) Residence: No. NO- # 2 Jaluly My	St., 9 Word.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEPORCED varie the word)	21. DATE OF DEATH Fiel. 1 st 100 le
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of A	22. HEREBY CERTIFY That I altended decassed from
(or) WIFE of Varney B. Streetely-	Jan. 22 136, 10 Feb/ 1936
6. DATE OF BIRTH (month, day, and year) Queg. 27. 183	Flast saw h_ er alive on
7. AGE Yaars Months Days If LESS than	to have occurred on the dete stated above, at 114137m.
8/ 5 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	Date or one of
kind of work done, as SPINNER, Cat.	Chronic Valentes thousand new turne
9. Industry or business in which	Chronic nephralis hutur
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decased last worked at this occupation (month and	
shart in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(Stete or country) M. d.	
14. BIRTHDLACE (city or town) Barry June 15	
14. BIRTHOLACE (city or town)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was thera an aulopsy?
15. MAIDEN NAME Clay of H. Borgana (State or county)	23. if daath was due to external ceuses (VIOL ENCE) fill in also tha following:
O 16. BIRTHPLACE (city or Abyun).	Accidant, suicide, or homicide? Oete of injury
(State or country)	Whera did injury occur?
17. INFORMANT Wellie IV. Photolog.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HDME, or in PUBLIC PLACE.
F (Address) P.D. # 2 Saluty md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Data Data 1997 - 3, 19	Natura of injury
19. UNDERTAKER HILLIAND & CG.	24. Was disease or injury in any way related to occupation of decaased?
(Address) Saluty and	if so, specify
20, FILED Jel. 3, 19 B6 & May June	(Signed) M. D.
Registrar.	(Addrass) Dalistry W.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related ca of importance were as follows: Arteriosclerosis	uses Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
*UKEAU V.	S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-6)
county (1) It am co.	Registration Dist. No.
Village or City Salis ben, U.S.	No. 1 Ward St., 3 Ward feath occurred in a hospital or institution, give its NAME instead of arget and number)
Length of residence in city or town where death occurredyrs,mos	s. 14 ds How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Selly role (University of abode)	R-07 If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 - 10 - 1936
5a. If married, widowed of divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Salle Mary Shockley	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on _ \ 7 . \ 0 , , 1936 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \ 25 _m.
H 28 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Cerebral hummhage 1/25/36
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	7
Undustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O_ to. Date deceesed last worked at 11, Total time (years)	-
this occupation (month and spant in this occupation occupation	
500.	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) (State or country)	18/3 ·
13. NAME 0,00000 S 8, 40 9000	
E 2 1/2 7 0 1/2	Name of operation Date of
[State or country]	What test confirmed diegnosis? Charact Wes there an autopsy? 240
# 15. MAIDEN NAME TX CI DIA BRATILLE.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT Mrs. John Shockley (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Seshoperlle, Mate Set, 14, 1936	Nature of injury
19. UNDERTAKER May My Vacho Walson (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb: 10, 1936 / G. Way Turne	If so, specify (Signed) M. D. M. D.
Registrar.	(Address)
15 more blanks are norded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

"In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

The stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, otc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example: I		Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MALT G FILLS	991:		
and the same of th			
Other contributory causes of importance:		Other contributory causes of importance:	- 1
Gallstones	May 1,1923	Gastroenteritis	1 year
the rest of the second of the	ni sadtader -		
	1		TATE OF THE PARTY

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BCILL PEZERAED LOB BILDING

ok	A PERMANENT WECC. D. Every item of infor-	ted EXACTLY. PHYSICIANS should state	perly classified. Exact statement of OCCUPA-
O,	very ite	ANS SI	nent of
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دئ دئ	INT REC	LY. I	d. Exa
R BINDING	RMANE	XACT	classifie
R B	A PE	ted E	perly

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2206
1. PLACE OF DEATH	
County hickneys	Registration Dist. No. 333
Village or City Salianus	No teningala General Kerried 13 ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long In U. S. if of foreign birth?
2. FULL NAME Claudge 1 age	Leanury S. S. Veteran, specify WAR
(a) Residence: No. Salisburg, 4.4.D.	st., 16 Ward. 22 X -
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
The soul married	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Slassel Flows Times	13 19 3 6 to 7 3 19 3 6
6. DATE OF BIRTH (month, day, and year) June 12, 1902	I last saw h attre on 13 (si daath is sald
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
33 7 V/ I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importence were as follows:
8. Irada, profassion, or particular	Date of onset
kind of work done, as SPINNER, selling Station	and the second
S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Julie Turn
SAW MILL, BANK, atc	a burning bilding was involved a dever
this occupation (month and $\frac{\nu}{3}$ 3 spent in this occupation year)	Explosion of wood store caused by futting
10. 1	Other Contributory Canoes of importance: gasoline on live coals.
12. BIRTHPLACE (city or town) (State or country)	22 1 2 101
13. NAME William N. Simmo	(a Towning building was involved.
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME (MA) XICKAKLAN	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, pulside, or homiside? Accident, pulside, or homiside?
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur Annual Control of the Contro
51:01: 10 f.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in thousant, in home, or in public place.
18. BURIAL, CREMATION DR REMOVAL	Manner of Injury & Amm / South
Place alley Ma. Date 7 6 56, 19	Nature of injury.
10 Mill & Orland Co.	24. Was disaase or injury in any way related to occupation of deceased?
19. UNDERTAKER A CALLED LIES, MARCHAN (Address) Substituting MARCHAN (Address)	If so, specify
20 FILED Fel. 6 1036 G. May Turner	(Signed)
20. FILED VEL: 1990 W. Muly Mumul. Registrar.	(Address) Admhan Tal

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cau of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUFFAU V.	3.		
Other contributory causes of importance:	ground and product to the second seco	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WW

STATE OF MARYLAND—CERTIFICATE OF DEATH 220

1. PLACE OF DEATH	35 20 .2.22
County West reco	Registration Dist. No.
Village or City Dalishury (1)	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca In city or town where death occurredyrs,	mosds. How long In U.S. it of foraign birth?yrsmosds
2. FULL NAME Gracus And	ach If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. 23x-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (abrite the world)	Jehnery 8 193 36
a. If married, widowed, or divorced	O(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
1 / 10/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DATE OF BIRTH (month, day, and year) 1 am - 6 1904	I last saw her alive on 1936; death is sa
AGE Years Months Oays If LESS that	
32 / V 2 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	abdominal o pelvio aboreas nos,
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc	with personition
9 Industry or business in which	
Thoustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	The salpingitis was purperal, but gono mosal,
10. Date dacaasad last workad at this occupation (month and / G 2 6 spent in this	in origin. Cevs of
yaar) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	Belatarde salkingitas (on 2 Nov 1)
(State or country)	from hoeal),
13. NAME Med. Spreach	
1	Belofrof sulpingo phreety
14. BIRTHPLACE (city or town) ((State or country)	Name of operation and Replaceshing Date of Parts Sy
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Quesci Quenn	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Ousei Menne 16. BIRTHPLACE (city or town) (State or country)	Accidant, suiclda, or homicide?Oate of injury,19
(State or country) Ma,	Where did Injury occur?
7. INFORMANT / The Morgan	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manage of Jajums
Place Mamanlace Dot Hely 1/19	Manner of injury
I Woncester and	Nature of injury
O. UNDERTAKER X: N. Jaustage	24. Was disease or injury in any way related to occupation of decaasad?
(Addrass) Bulling I And	If so, specify
a FILED Hell 8 1936 & May Juin	(Signed) Jakadonhan M.
Registrar.	(Address) 1/2 Man of Polisha h

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	13 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritia	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
RI	tio	US	Z
*	ma	S	Ĭ,
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SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 220
W. Damas D.	93-50 X
County // Corruct	Registration Dist. No.
Village or City Causiny ///a.	No. St., If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME James B. Smita	If U. S. Veteran specify WAR
1 104 10.0	0 / / / / / / / / / / / / / / / / / / /
(a) Residence: No. 107 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OD RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 4.
Male White OR DIVORCED (write tha word)	193 (
. If married, widowed, or divorcad	(Month) (Day) (Ye
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended dacease
project 10	Jeb 1 106, to dell 1, 19
DATE OF BIRTH (month, day, and fair) The Palery, 189	last saw h 22 alive on Dell / 2 1931; death
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	THE FRINCE CAUSE OF DEATH and related causes of importance
B. Irade, profession, or particular	Date of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Class mountation 19
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Data deceased st worked at this occupation (month and 1925) 11. Total time (years) spant in this	
year) occupation	
BIRTHPLACE (city or town) 2 years	Other Contributory Causes of importanca:
(State or country)	
13. NAME James smith.	
1 20. P. O. w.	
14. BIRTHPLACE (city or town) (Stata or country)	Nama of operation
2. 10.	What test confirmed diagnosis? Was there an autopsy!
15. MAIDEN NAME 16 / Celong.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). No. Record.	Accident, suicide, or homicide? Date of Injury19
(State or Country)	Whera did injury occur? (Specify city or town, county and State)
INFORMANT Blorge N. young.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 100 (Swany / Third / Row	<u>{</u>
BURIAL, CREMATION, OR REMOVAL O Salingly mad.	Manner of injury
Place work com. Date-feet 26, 1936	Nature of injury
Hollowan + Co.	24. Was disease or injury in any wey related to occupation of deceased?
9. UNDERTAKER (Address)	If so, specify
The 19 31/10 12 01	(Signed) Preware
O. FILED Ill: 1, 19 J. W. May Jumes	
Registrar.	(Addrass) (Addra

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis D 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

PHYSICIANS should state -WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECOMD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IARGIN RESERVED

Village or City No and Suttibully and for Length of rasidence in city or town where death occurred 73 yrs. 8	Registration Dist. No. 332 St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) nos. 4 ds. How long in U.S. if of foreign birth?
Village or City Maro Buttiville md for	(If death occurred in a hospital or institution, give its NAME instead of street and number)
73 8	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurred 73 yrs 8	
Jis Jis Jis Jis Jis Jis Jis	nosgs.
1 T 4 E 11 1 4 14 (1)	
2. FULL NAME & Orbride Olinabeth	mmont If U. S. Veteran, specify WAR NO:
(a) Residence: No. Allawill Ma. [ord]	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
The word of the word	Peb 29 193.6
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Saura A Simmens	- Treb- 25, 1536, to Freb 79, 1936
6. DATE OF BIRTH (month, day, and year) 15 /862-7. AGE Years Months Days If LESS than	I last saw hear aliva on Fred 29, 1976; death is said
7. AGE Years Month's Days If LESS than 1 day,	to have occurred on the date stated above, at 4-55 R.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
13 0 14 ormin.	were as follows: Data of onset
8. Ifade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	13 0 0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	125/3
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Centribatory Causes of Importance:
12. BIRTHPLACE (city or town) Mean Tellsville Md	chronic 1935
(State or country)	- Kleinating androts Chine 1928
13. NAME Wilson Downs	Case
13. NAME Wilson Davis 14. BIRTHPLACE (city or town) Mean Gittaville	Name of operation Date of
(Steta of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha ann Brittingles 16. BIRTHPLACE (city or town) Marc Pritts wille	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) ALONG TELLSWILL	Accident, suicida, or homicida?
(Stete or country) 2md	(Specify city or town, county and State)
17. INFORMANT IIIA Floregice Davis,	Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Tittsville, md. 18. BURIAL, CREMATION, OR REMOVAL	Managed Latino
Place Strace MP. Cem- Date march 2, 193	Manner of injury
2/a 2hannud 2/2 11.1	Nature of injury
19. UNDERTAKER LYDN/OPWING MILES, (Address) Filtaniol ma	24. Was disease or injury in any way related to occupation of deceased?
man 1 3/ 6:00: 18/	If so, specify Claudes Frag Trois M.D.
20. FILED MAN 1 19 No Millian 1. Nave	(Address) alex hay had
	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis MAD 7 7000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

of OCCUPA-

STATE OF MAR	RYLAND-CERTI	FICATE OF	DEATH
--------------	--------------	-----------	-------

1. PLACE OF DEATH	82.00
County Nelemier	Registration Dist. No. 332
Village or City Willards	NoSt,Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurred 2 yrs.	
2. FULL NAME fane Jumpson	If U. S. Veteran, specify WAR
(a) Residence: No. / // // (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word Married the word	
5a. If married, widowad, or divorced HUSBAND of (or) WiFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Symil 18, 187	9 last saw her aliva of February 1 1,1934; death is said
7. AGE Years Months Days If LESS tha	to have occurred on the date stated above, et
36 6 2 f day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
* Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cinchal humanhese who
9. Industry or businass in which work was dona, as SILK MILL.	
SAW MILL, BANK, etc	le
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(Stata or country) 2 13. NAME Level Parago	- Other selected
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Olivarial Was there an autopsy
15. MAIDEN NAME Jydia Ellist	23. If daath was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME / ydia Ellist 16. BIRTHPLACE (city (or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Miss. Edw. Bystoge (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF BEMOVAL Place Fills delle Date Fif 22, 19.4	Manner of injury
19. UNDERTAKER J. W. Bushaye	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILED Tel- 22 1936 Killian N. Da	If so, spacify (Signer) (Signer) M. D. P. M. D.
Joeal Registral	(Address) Willaus / Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH	ann (23)
OCC	County //scorrecto	Registration Dist. No. 333
~	Village or City Salishing Md.	No. 105 Pond. St. 13 Ward
0	(If Length of residence In city or town where death occurred 4-yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
PHYSICIANS ict statement	2 FILL MANE California J. James	
ICI Item	(a) Poilton H. 105 P. M.	St. /3 Ward.
Sta	(a) Residence: No. /03 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX.	3. SEX 4. COLOR OR ACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 71.
G. L	Male Marie Marriel	(Month) (Dey) (Year)
X A C T I	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
lass	(or) WIFE of May Joursend	Lan 2.9 136 to One Vint, 19
	6. DATE OF BIRTH (month, day, a dyear) Sept. 27, 1911	I last saw h alive on 29, 1936; death is said
stated E properly certificate.	7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at 10.12m.
stated properl ertifica	24. 4 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
be pof	rede, profession, or particular kind of work done, as SPINNER,	Day of the same of
	SAWYER, BOOKKEEPER, etc.	I alway I meeter glus 3 k
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	
0	10. Date deceased last worked et 13.5 11. Total time (years) spent in this years years.	
AGE that ions c	year very occupation occupation	Other Coatributory Causes of Importence:
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	
ied. ns, stru	(State or country)	
supplied n terms, ee instru	13. NAME James Joseph	
y sur lain to See	14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
la la		What test confirmed diagnosis? Was there an autopsy?
hould be carefull OF DEATH in placery important.	E Pair II	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
TH	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
ld be car DEATH y import	My Man Journal	(Specify city or town, county and State) Decify weether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	17, INFORMANY	Techy wether injuly occurred in INDUSTRI, in NOME, OF IN PUBLIC PLACE.
700	18. BURIAL, CREMATION, OR FROVAL	Menner of Injury
On ISE	Place Mullen Com. Date 14 - 13 436	Nature of injury
CAUSE TION is	19 UNDERTAKER & Thomas + Co.	24. Was disease or Injury In any way related to occupation of deceased?
-	(Address) falishy md,	If so, specify
(7)	20. FILED Feb. 13, 1936/ J. May Jumes	(Signed) M. D
	Registrar.	(Address) Lolly My
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage.	July 5,1927	Peritonitis	3 days ago	
NUMERU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

2

D. Every item of infor-Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT REG stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. -WRITE PLA

V.S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Miconics	Registration Dist. No. 336
Village or City Leelman & anyland.	No. St., Ward
Length of residence in the or town where death occurred. G. yrs	death occurred in a hospital or institution, give its NAME instead of street and number)
BU	as. now long in 0.5. If of foreign birth?yrsmosds,
2. FULL NAME Junes Drade House	a (nades)
(a) Residence No. Serie St. Cleana (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)	21. DATE OF DEATH Jef (Month) (Day) (Year)
5a (1) married, widowed, or divorced HUSBAND of (or) WIFE of Mangaret Sel Torale	22. I HEREBY CERTIFY That ettended deceased from
1/1 1 1 = 1000	1936, to 941 19 1936
6. DATE OF BIRTH (month day, and year) July 5	I last saw harmalive on 4 10 29 193 C; death is seld
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
Trada, profession, or particular	were as follows: Data of onset
kind of work done, as SPINNER, Mechanic	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	nemas 11. of Munat 25
U 16. Data daceased last worked at this occupation (month and yaar)	
IS DIDTURE OF CALL OF CALL	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) (State or country)	Janual Atthema Willy
13. NAME A. O. Totale	Cardiac feether
13. NAME G. Tofale 14. BIRTHPLACE (city or town) (State or country)	Name of operation
(State of Country) Indina	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Seeffa Frade 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of Injury19
(State or country)	Whera did injury occur?
17. INFORMANT Morgant The Joseph (Address) Alelma relli	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Colomy, Leet. Place 29 2 1936	Manner of Injury
19. UNDERTAKE Will S. Inamil	24. Was disease or injury in any way related to occupation of deceased?
(Address) fellmay dellara.	If so, specify
20. March St., 1936 Harry C. Hadran.	(Signed) M. D. (Address) Definited Mr. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAR 5 1936				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

3

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS should state Exact statement of OCCUPA-

STATE	OF	MARYLAND-C	CERTIFICATE	OF	DEATH	2213

	1. PLACE OF DEATH	(108)
	County///Come Co	Registration Dist. No. 33
	Village or City Mandula Ma-	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME Well Henry Mest	If U. S. Veteran, specify WAR
	(a) Residence: No. Mandella / Ma	1 St., Ward, 12.42
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS 3. PEX 4. CQLOR QR RACE 5. SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED OR DOORCED (write the year)	21. DATE OF BEATH fish 20.
	5a. If married, widowed, or diverced	(Month) (Day) (Year)
	HUSBAND of Elizabeth Mesley	22. THEREBY CERTIFY, That I attended deceased from
	1 20mg 13 d188	telruca 16 41 1936, 10 41 elman 20 1936
certificate	6. DATE OF BIRTH (month/day, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 750 Pm.
tific	5-2 3 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
cer	8. Trede, profession, or particular	were as follows:
Jo	kind of work done, as SPINNER, Harry SAWYER, BDDKKEEPER, etc.	To Vac Preuse rise Test 14th
back	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BÄNK, etc	-7.Cas.11
	SAW MILL, BANK, etc	
s on	this occupation (month a/13) spenting his year)	
ion	12. BIRTHPLACE (city or town)	Dther Contributory Cauges of importance: Browdish's
ruci	(State or country)	Cost was
instructions	13. NAME Thank Wesley.	
See i	14. BIRTHPLACE (city or town)	Name of operation Date of
S	(State or country)	What test confirmed diegnosis? Wes there an autopsy?
int.	15. MAIDEN NAME / da Llaughat	23. If deeth was due to external causes (VIDLENCE) fill in also the following:
ort	15. MAIDEN NAME da Bodgrof 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury,19
important	(State or country)	Where did injury occur?(Specify city or town, county and State)
	17. INFORMANT CANADA AND AND AND AND AND AND AND AND AN	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
is very	18. BURIAL, CREMATION, OR REMOVALS	Manner of injury
	Place acons lem Date Feb. 23, 1934	Neture of injury
LION	10 HADESTAVED Hollowas + C.	24. Was disease or injury In any way related to occupation of decessed?
T	19. UNDERTAKER (Address) Salusing Mag.	If so, specifyA
F	20. FILED Jet 22 193 Jones & M Wallace	(Signed) William Eruriele M.D.
1	Registrar.	(Address) Itelru- 770.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage MAR 4 1330	July 5 1927	Peritonitis	3 days ago		
SUREAU V.	S.				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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2

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Buly 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B) 2215
County Theonics	Registration Dist. No. 333
Village or City Salishung	No. 1700 M. Division St., 9 Ward
Length of residence in city or town where death occurred O Qyrs mos	
2. FULL NAME Kaclel Xauise The	hant U. S. Veteran, specify WAR
(a) Residence: No. 1700 M. Amiano (Usual place of abode)	St., 9 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
ternale Thile OR DIVORCED (write the word)	J-Uh- 193 6-
5a. If marriad, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Ray It. Thinkseld	I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ton 72, 1866.	Hast saw bes alive on det 1986 : death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 5.3.11 um.
70 0 9 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, A The SAUVER BROAKERED AND A SAUVER BROAKERED BROAKERED AND A SAUVER B	Date of onget
SAWTER, DURRELFER, SIL	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Paramonea gleas
10. Data dacassed last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	
No a	Dther Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) - Ally Card	
13. NAME (add Massey 14. BIRTHPLACE (city or town) - My	
14. BIRTHPLACE (city or town) - Man 1 - 1	Name of operation Date of
	What tast confirmed diagnosis?
15. MAIDEN NAME GESTULAE E. GARAGE 16. BIRTHPLACE (city or town)	23. If daath was dua to external causes (VIDL ENCE) fill in also the following: Accidant, suicida, or homicida?
(State or country)	Where did injury occur?
17. INFORMANT My Leky It. Kinkered (Address) Links	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Talkers Cenelly Date 15 1999	Nature of injury
19. UNDERTAKER ILL JULIER JOHNSON CO. (Address)	24. Was disease or injury in any way retains to occupation of daceased?
20. FILED Feb 3, 1936 D. May Junes.	(Signed Thy & Tallie M. D.
Registrar.	(Address) - Wills - Wary - W. S. No.

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Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH Wicomico Co Registration Dist. No. shoul Village or City Jyssky (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth? _____ yrs. ____ mos. ___ ds. 2. FULL NAME SI (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) BINDING 5e. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dev. end year) 7. AGE Years Months Days If LESS than to heve occurred on the date stated above, at 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ____min. 8. Trade, profession, or perticular RESERVED kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc 9. Industry or business in which plno may work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed last worked et 11. Totel time (years) spant in this this occupation (month and occupation ___ instructions Other Cuntributary Causes of importance ARGIN 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. lain (State or country) carefully What test confirmed diagnosis? Wes there an autopsy? p MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: ij Accident, suicide, or homicide? ______ Date of injury _____ 19 DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?_____ pe (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE plnods Very OF (Address) 18. BURIAL, CREMATION, Manner of Injury CAUSE Nature of Inlury LION 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)..... Registrar. (Address) .

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:		
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR.	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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